

15541 U.S. PTO
09/25/03

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Our Docket No.: **S863.12-0001**

Date: **September 25, 2003**

First Named Inventor: **Richard Jean-Pierre**

Title: **PRESCRIPTION DRUG COMPLIANCE MONITORING
SYSTEM**

Express Mail No.: **EV 302259710 US**

03945 U.S. PTO
10/670595
09/25/03

APPLICATION ELEMENTS

ADDRESS TO:

**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

1. ☒ Fee Calculation Sheet
(Submit an original and a duplicate for fee processing)

2. ☒ Applicant claims small entity status

3. ☐ Specification Total Pages **[27]**
- Descriptive title of the invention
- Cross References to Related Applications
- Statement Regarding Fed. Sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claims
- Abstract of the Disclosure

4. ☒ Drawings (35 U.S.C. 113)

Total Sheets **[13]**

5. ☒ Oath or Declaration

Total Pages **[2]**

a. ☒ Newly Executed (original or copy)

b. ☐ Copy from a prior application (37 C.F.R. 1.63(d) - for continuation/divisional with Box 18 completed)

[Mark Box 5 below]

I. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b)

6. ☒ Application Data Sheet. See 37 CFR 1.76.

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission (*If applicable, all necessary*)
- a. ☐ Computer Readable Copy (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies; or
- ii. ☐ Paper
- c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. 3.73(b) Submission
- ☐ Power of Attorney
11. ☐ English Translation Document (*if applicable*)
12. ☐ Information Disclosure Statement with copies of Citations as necessary
13. ☐ Preliminary Amendment Total Pages ☐
14. ☒ Return Receipt Postcard (*Should be specifically itemized*)
15. ☐ Certified Copy of Priority document(s) (*If foreign priority is claimed*)
16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Application must attach form PTO/SB/35 or its equivalent
17. ☐ Other

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation

☐ Division

☐ Continuation-in-part (CIP) of prior Application No.

Prior Application Information: Examiner Group Art Unit

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

ATTY NAME
AND REG. NO.

**David R. Fairbairn.
Reg. No. 26,047**

SIGNATURE:



ADDRESS

**Kinney & Lange, P.A.
THE KINNEY & LANGE BUILDING
312 South Third Street
Minneapolis, MN 55415-1002**

TELEPHONE

(612) 339-1863

FAX: **(612) 339-6580**

FEE TRANSMITTAL

Complete if Known

Application No.

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

Herewith

Richard Jean-Pierre

Atty. Docket Number

S863.12-0001

Total Amount of Payment \$567

METHOD OF PAYMENT (Check One)

1. ☒ The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No.11-0982. Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed

2. ☒ Check Enclosed

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1001	750	2001	375	<input checked="" type="checkbox"/> Utility Filing Fee
1006	330	2006	165	<input type="checkbox"/> Design Filing Fee
1004	750	2004	375	<input type="checkbox"/> Reissue Filing Fee
1005	160	2005	80	<input type="checkbox"/> Prov. Filing Fee

Subtotal (1) \$375

2. EXTRA CLAIM FEES

	Number Claims	Prior**	Extra	Fee from Below	Fee Paid.
Total	32	-	20	= 12 x 9 =	108
Indep.	5	-	3	= 2 x 42 =	84
Multiple Dependent Claims				* =	*

**Insert 3 and 20, or number previously paid if greater; Reissue see below

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple Dependent Claim
1204	84	2204	42	Reissue Independent Claims Over Original Patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent

Subtotal (2) \$192

FEE CALCULATION (Continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee paid
1051	130	2051	65	Surcharge - Late filing fee or oath	*
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	*
1053	130	1053	130	Non-English specification	*
1812	2,520	1812	2,520	For Filing a Request for Reexamination	*
1251	110	2251	55	Extension for reply within first month	*
1252	410	2252	205	Extension for reply within second month	*
1253	930	2253	465	Extension for reply within third month	*
1254	1,450	2254	725	Extension for reply within fourth month	*
1255	1,970	2255	985	Extension for reply within fifth month	*
1402	320	2402	160	Filing a brief in support of an appeal	*
1403	280	2403	140	Request for oral hearing	*
1814	110	2814	55	Terminal Disclaimer Fee	*
1452	110	2452	55	Petition to revive - unavoidable	*
1453	1,300	2453	650	Petition to revive - unintentional	*
1501	1,300	2501	650	Utility/Reissue issue fee	*
1502	470	2502	235	Design issue fee	*
1460	130	1460	130	Petitions to the Commissioner	*
1807	50	1807	50	Petitions related to provisional applications	*
1806	180	1806	180	Submission of Information Disclosure Statement	*
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	*
1801	750	2801	375	Request for Continued Examination (RCE)	*

Other fee (specify) _____

Subtotal (3) \$0

Signature

David R. Fairbairn

Reg. No.

26,047

Date

9/25/03

Deposit Account No.

11-0982